INDIANA DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Homestead Database File Submission Format Specifications

Field Name	Data Type	Required?	Field Width	Field Notes	Example
County Number	Text	Yes	2	Two-character county code, using leading zero if appropriate.	01
SDF ID	Text	No	15	Optional; if homestead application was filed with sales disclosure, use sales disclosure ID number. For verification form entries or other entries, this field can be blank.	01-2010-0000000
Parcel Number	Text	No	24	18-digit state parcel number, use dashes and dots. For mobile homes, parcel number need not be 18-digits with dashes and dots.	01-01-01-000-000.000-001
Firstname	Text	Yes	30	First name of Owner 1.	John
Middlename	Text	No	15	Middle name of Owner 1.	Allen
Lastname	Text	Yes	30	Last name of Owner 1.	Doe
SSN ID	Text	No	5	Last 5 digits of Owner 1's SSN.	12345
License ID	Text	No	5	Last 5 digits of Owner 1's driver's license number or state identification number.	67890
License State ID	Text	No	2	State of issue for Owner 1's driver's license or state identification card.	IN
Other ID	Text	No	15	If Owner 1 has provided some other form of ID, this field should be completed. The data can be alphanumeric and can be up to 15 characters in length.	A00000000000000
Spouse Firstname	Text	No	30	If Spouse information is provided, this field should be completed. First name of Spouse.	Jane
Spouse Middlename	Text	No	15	If Spouse information is provided, this field should be completed. Middle name of Spouse.	Anne
Spouse Lastname	Text	No	30	If Spouse information is provided, this field should be completed. Last name of Spouse.	Doe
Spouse SSN ID	Text	No	5	If Spouse information is provided, this field should be completed. Last 5 digits of Spouse's SSN.	54321
Spouse License ID	Text	No	5	If Spouse information is provided, this field should be completed. Last 5 digits of Spouse's driver's license number or state identification number.	09876
Spouse License State ID	Text	No	2	If Spouse information is provided, this field should be completed. State of issue for Spouse's driver's license or state identification card.	IN
Spouse Other ID	Text	No	15	If Spouse information is provided, this field should be completed. If Spouse has provided some other form of ID, this field should be completed. The data can be alphanumeric and can be up to 15 characters in length.	A00000000000000
Address1	Text	Yes	100	Street address of homestead property.	123 Main Street

INDIANA DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Homestead Database File Submission Format Specifications

Field Name	Data Type	Required?	Field Width	Field Notes	Example
Address2	Text	No	100	Additional address line of homestead property.	
City	Text	Yes	50	City of homestead property.	Decatur
Zip	Text	Yes	10	ZIP code of homestead property. 5- or 9-digit ZIP is acceptable.	46733
Activity Type	Text	Yes	10	For homestead verifications, use "Homestead"; for vacating existing homesteads, use "Vacated_Hm"	Homestead
Activity Date	Date/Time	Yes	Extended Date Format	Date of receipt of verification form or application, format MM/DD/YYYY. If you have a timestamp, then specify in MM/DD/YYYY HH:MM AM/PM format.	03/09/2010
Auditor Stamp	Text	Yes	10	Approval status of verification form or homestead application; for approved verification forms or applications, use "Approved"; for verification forms or applications under review, use "Review"; for rejected verification forms or applications, use "Rejected".	Approved
Auditor Approval Date	Date/Time	Yes	Extended Date Format	Date of homestead determination, format MM/DD/YYYY. If you have timestamp, then specify in MM/DD/YYYY HH:MM AM/PM format. If record is under review, Auditor Approval Date can be same as Activity Date.	03/09/2010
Approval User	Text	Yes	50	Name of the submitted file in which the record is contained.	Hamilton_11082010_1
Notes	Text	No	255	Any applicable notes about the filing.	
Mobile Home	Boolean	Yes	TRUE OR FALSE	If homestead filing is for a mobile home, specify TRUE. All other records should be marked FALSE.	TRUE or FALSE